

## Application for Employment

Town of Shalimar #2 Cherokee Road Shalimar, FL 32579

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT OR TYPE) Position(s) Applied For Date of Application How did you learn about us? Advertisement Friend Walk-In **Employment Agency** Relative Other Last Name Middle Name First Name Address Zip Code Number Street City State Telephone Number(s) Social Security Number Yes If you are under 18 years of age, can you provide required proof of your eligibility to work? No Have you ever filed an application with us before? Yes No If yes, give date Have you ever been employed with us before? Yes No If yes, give date Yes No Are you currently employed? May we contact your present employer? Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Yes No Status? (Proof of citizenship or immigration status will be required upon employment.) Are you available to work: Full Time Part Time Shift Work **Temporary** Are you currently on "lay off" status and subject to recall? Yes No Can you travel if a job requires it? Yes No Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an Yes Nο applicant from employment.) If yes, please explain



	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write				
	FLUENT	GOOD	FAIR	
SPEAK				
READ				
WRITE				

Describe any specialized training, apprenticeship, skills and extra-curricular activities			

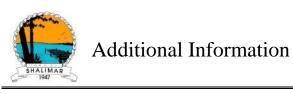
Describe any job-related training received in the United States military				



## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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List professional, trade, race, religion, national origin,	business or civic activities age, ancestry, disability or othe	and offices held. (Again, you may exclude in protected status.)	membership which would reveal gender,	
Other Qualifications Summarize special job-r	elated skills and qualificat	ions acquired from employment or othe	r experience	
Specialized Skills Check Skills and/or Equi	pment operated			
, ,		Production/Mobile Machinery (list):	Other (list)	
☐ CRT	Fax Machine			
☐ PC	Lotus 1-2-3	<del>-</del>		
Calculator	☐ PBX System			
Typewriter	MS Office			
State any	additional information vo	u feel may be helpful to us in considerir	ng your application	
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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.				
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.  Yes  No				



## References and Applicant's Statement

References						
1.	( )					
Name	Phone Number					
Address						
2	( )					
Name	Phone Number					
Address						
3.						
Name	( ) Phone Number					
Address						
4.	( )					
Name	Phone Number					
Addusa						
Address						
Applicant's Statement						
I certify that answers given herein are true and complete to the best of	my knowledge.					
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.						
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.						
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.						
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.						
Signature of Applicant	Date					



## Personnel Department Use Only

FOR PERSONNEL DEPARTMENT USE ONLY					
Ar	range Interv	riew	Yes No		
Remarks _					
				Interviewer	Date
Employed		∐ No	· ,		
Job Title	By			Department	
	Бу		Name and Title	С	Pate
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Position(s	) Considered	l For:			
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ADDITIONAL	NOTES				